



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

**CANDIDATE COMMITTEE
COVER PAGE**

04 DEC -2 PM 1:05

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137128</u>		3. This Statement covers From: <u>10 18 04</u> to <u>11 22 04</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <u>CITIZENS FOR ETHICAL GOVERNMENT</u>		4. Candidate Last Name First Name M.I. <u>RICE</u> <u>MICHAEL</u> <u>H</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>HARRISON TWP TRUSTEE</u> 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address <u>31789 NORTH RIVER RD</u> <u>HARR TWP MI 48045</u> Area Code and Phone <u>(586) 465-1950</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>MICHAEL H RICE</u> <u>31789 N. RIVER RD</u> <u>HARR TWP MI 48045</u> Area Code & Phone <u>(586) 465-4253</u>	
7. Treasurer's Business Address <u>Same</u> Area Code and Phone ()		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <u>11</u> Month </div> <div style="text-align: center; margin-right: 10px;"> <u>2</u> Day </div> <div style="text-align: center;"> <u>04</u> Year </div> </div>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> _____ Month </div> <div style="text-align: center; margin-right: 10px;"> _____ Day </div> <div style="text-align: center;"> _____ Year </div> </div> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <u>MICHAEL H. RICE</u> <small>Type or Print Name</small>		<u>[Signature]</u> <small>Signature</small>	
Date <u>11 23 04</u> <small>Mo Day Year</small>		Date <u>11 23 04</u> <small>Mo Day Year</small>	
Candidate <u>MICHAEL H. RICE</u> <small>Type or Print Name</small>		<u>[Signature]</u> <small>Signature</small>	
Date <u>11 23 04</u> <small>Mo Day Year</small>		Date <u>11 23 04</u> <small>Mo Day Year</small>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137128
2. Committee Name CITIZENS FOR ETHICAL GOVERNMENT
(MICHAEL H. RICE)

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	—	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	—	(18.) \$ —
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	—	(19.) \$ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	—	(20.) \$ —
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	235.00	(21.) \$ 2097.04
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	—	(22.) \$ —
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	—	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	—	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	—	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	—	(23.) \$ —
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	—	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	—	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	—	(24.) \$ —
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	2097.04	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	—	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
	(15.) = \$	0	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	0 *	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137128
2. Committee Name CITIZENS for Ethical Government

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>RICE, MICHAEL</u> Address: <u>38151 L'ANSE CREUSE</u> <u>HARR TWP</u> If over \$100.00 cumulative, please provide: Occupation: <u>TRUSTEE</u> Employer: <u>HARR TWP</u> Business Address: <u>38151 L'ANSE CREUSE</u> <u>HARRISON TWP</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Post-election party</u> 5. Date Of Receipt: <u>11-2-04</u> 6. Vendor Name & Address: <u>Total Sports</u> <u>Production Dr. Harr Twp MI</u> <u>48045</u>	\$35.00	\$35.00
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name <u>same</u> Address: If over \$100.00 cumulative, please provide: Occupation: <u>same</u> Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Desktop publishing services</u> 5. Date Of Receipt: <u>11-1-04</u> 6. Vendor Name & Address: <u>JEANNIE GABOR</u> <u>41526 Clairmonte H Twp MI</u>	\$200.00	\$235.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

235.00
235.00

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137128

2. Committee Name _____

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>RICE, MICHAEL</u> <u>31789 N. RIVER RD</u> <u>Harr Twp, ME 48045</u>	4. Type: <u>a</u> 5. Date Debt Was Incurred: <u>pre general</u> 6. Original Amount of Debt: <u>\$ 1862.04</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>1862.04</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>same</u>	4. Type: <u>a</u> 5. Date Debt Was Incurred: <u>post general's ballot</u> 6. Original Amount of Debt: <u>\$ 235.00</u>	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	\$ _____	\$ <u>235.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$ <u>11</u> \$	_____	_____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2097.04
2097.04

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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